

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 4, 2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Occupational Therapy (OT) for right hand, 1-2 X week X 4 weeks

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
☒ XX Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
Right Hand Trauma	Occupational Therapy (1-2 X wk X 4 wks)		Prosp	4-8					

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-20 pages

Respondent records- a total of 43 pages of records received to include but not limited to: letter 8.21.12; ODG-TWC Guidelines, Forearm, Wrist and Hand (Acute and Chronic), Physical and Occupational Therapy; TMC, Occupational Treatment Evaluation 5.14.12, 6.25.12; OT notes 4.13.12-6.28.12; 10-1041, Title 28. Insurance, Part 1, TDI, Chapter 12, IRO, Pgs 142-150

Requestor records- a total of 5 pages of records received to include but not limited to: Note, Dr. 8.1.12; PHMO Notice of IRO assignment

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient had a serious crushing injury to his right hand. This resulted in multiple surgical procedures. This included a soft tissue flap to the thumb. As a result of the patient's multiple surgeries and treatments, including occupational therapy, the patient has restored significant function. He continues to have flexion contractures and limited motion to the right thumb, the

most important aspect of the hand. The patient has demonstrated diligence to treatments and has made progress.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

Physical therapy is recommended for acute, subacute and chronic post operative rehabilitation. When there are complications, as there are in this case, including contractures, it is recommended that there should be a low threshold for institution of formal physical or occupational therapy for rehabilitation. The indications to continue include moderate-severe functional deficits. Indications for discontinuing include achievement of goals and failure to progress. The guidelines used to deny physical/occupational therapy are not applicable to this specific injury and surgery regarding this patient's specific set of circumstances.

The patient's specific set of circumstances are not outlined in the ODG. Treatment evidence-based guidelines are weak and non-specific in this patient's clinical setting (ACOEM). In cases where scientific evidence is lacking and evidence-based guidelines are weak, community practice standards should be used.

Guidelines are to serve as a basis for recommendation or denial of treatment only, as they cannot anticipate every clinical setting. In this patient's dominant right hand, he has flexion contractures involving the thumb, and a weak "pinch strength". The patient has made progress in previous therapy. Therefore, based upon a review of this patient's clinical notes and the lack of specific guidelines, it is appropriate to continue physical/occupational therapy.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGEBASE

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES